

APPLICATION
CERTIFICATE OF USE PERMIT
Annapolis Planning and Zoning Department
159 Duke of Gloucester Street
Annapolis, Maryland 21401
(410) 263-7961; 269-0064

ADDRESS:(PRINT)_____Floor_____Suite_____

Business Name: _____
Business Owner: _____
Business Owner's Phone No. (Business)_____ (Home)_____

Type of Business:_____Total Sq.Ft._____#Employees_____

Specific Use of Premises:_____

Mailing Address (if different):_____

PLEASE CHECK IF APPLICABLE: _____Building Permit?_____

NEW BUSINESS AT THIS SITE_____(This means that this is a new business and new location.)
NEW OWNER OF EXISTING BUSINESS_____(Same business location and same name with new owner.)
NEW LOCATION FOR AN EXISTING BUSINESS_____(Your business has been in existence but this is a new location.)
ADDRESS OF YOUR BUSINESS PRIOR TO THIS: _____
ALTERATION OR RENOVATION TO EXISTING BUSINESS _____
OTHER_____

Owner of Property: _____
Owner Address: _____
ANTICIPATED OCCUPANCY DATE(INSPECTION)_____

PREVIOUS USE IN BUILDING:
Name of Business _____
Type of Business _____
Total Sq. Ft. of Business _____Date Previous Use Ceased _____

PARKING:
Total Number of Off-Street Parking Spaces _____
Number of Parking Spaces Assigned to Business _____
Do You Lease Spaces Elsewhere?_____ If so, Where? _____ #Of Spaces Leased _____

IF YOU HAVE DISCHARGE OTHER THAN DOMESTIC SEWAGE YOU MUST CONTACT PUBLIC WORKS PRE-TREATMENT TO COMPLETE WASTEWATER SURVEY PRIOR TO ISSUANCE OF THIS PERMIT.
TRASH / REFUSE REMOVAL: NEW____EXISTING____ PUBLIC____PRIVATE(who?)_____
PLEASE CHECK WITH PUBLIC WORKS FOR BUILDING CODE REGULATIONS AT (410)263-7946.

I Hereby Certify that I am the business owner/tenant or authorized agent qualified to complete this application and the facts and declarations of intent set forth above are true and are intended to be relied upon by the established officials of the City of Annapolis.

Name (Please print)	DATE	SIGNATURE
COST: Please Submit With Application	USE:	Fire Marshall Fee: TOTAL:
0 TO 10,000 square feet ---	\$50.00	+ \$ 25.00 = \$75.00
over 10,000 square feet ---	\$100.00	+ \$ 50.00 = \$150.00
over 50,000 square feet ---	\$200.00	+ \$100.00 = \$300.00

FOR OFFICE USE ONLY: _____For Food Service = Number of Seats_____

Permitted Use _____

Use Subject to Standards _____

Special Exception _____

Resolution No. _____

Planning and Zoning	date	Health	date
Building	date	Plumbing	date
Electrical	date	Public Works-Pretreatment	date
Zone _____		Fire Marshal	date
Approved for Zone _____			
Permit No. _____			
Ward _____			
Special Conditions _____			

The following check list is **not inclusive but is intended to aid** the Business Owner in preparing for the inspection. Once you have verified that this list is complete, call Kevin Scott at: (410)-263-7961 to schedule your Use and Occupancy Inspection.

Basic Check List for Use and Occupancy Inspections:

- Install handrails on stairs.
- All egress doors must operate correctly.
- Electrical Service adequate for the business.
- Existing wiring suitable for intended use.
- Assure that the existing system has **No:** overloaded circuits, damaged insulation on conductors, exposed live conductors.
- Assure that the existing system’s over-current protection is in good working order and junction boxes are covered.
- Emergency lights and exit lights required. Must be in good working condition, if applicable, emergency batteries.
- Fire extinguisher(s) must have current inspection certification. Minimum of 1 - 10 lb. fire extinguisher for every 3000 sq. ft.
- Maintain a minimum 36" to 44 " exit access. Distance will depend on size of exit doorway.
- Maintain a minimum 18" clearance from top of storage to bottom of sprinkler head.
- Maintain a 3 ft. area around electrical equipment.
- Good housekeeping area around mechanical equipment.
- Place flammable liquids and chemicals in proper storage containers and/or cabinets.
- Provide adequate handicapped toilet facilities.
- Provide hot and cold potable water to all hand sinks.
- Provide all necessary back-flow protection devices for all equipment connected to the potable water supply.
- Provide a properly vented exhaust fan for all toilet rooms.
- Install or bring up to grade a 4" cast iron sanitary clean-out at the property line.
- Any unused storage tanks must be removed, unless otherwise approved. All tank work must be completed under a Petroleum Storage Tank Permit.

***A change of use requires the building or space to meet all of the existing codes.**

Note: Additional inspection criteria apply to *Places of assembly, commercial repair garages/storage of vehicles, health care facilities/doctor’s offices, and restaurants.* Check List are available.

Questions? Please contact:

Planning and Zoning	Kevin Scott	(410)263-7961, 8:30 to 4:30pm
Building	Tom Swontek	(410)263-7946, 7:00 to 9:15am
Electrical	Clint Pratt	(410)263-7946, 7:00 to 9:15am
Plumbing/Mechanical	John Quigley	(410)263-7946, 7:30 to 9:15am
Pretreatment Program/Petroleum Tanks	Cindy Tait	(410)163-7946, 7:30 to 3:30pm
Fire Department	John Menassa	(410)263-7975, 8:00 to 4:15pm
Health Department	Larry Luck	(410)222-7238, 8:00 to 3:00pm

IT IS ILLEGAL TO CONDUCT BUSINESS IN THE CITY OF ANNAPOLIS WITHOUT A VALID USE AND OCCUPANCY PERMIT.

****A FINAL BUILDING INSPECTION DOES NOT ALLOW OCCUPANCY!**